HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

Date	Symptoms, Diagnosis, Treatment, Treating Organization (SIGN EACH ENTRY)

MEDICAL SURVELLANCE/CERTIFICATION EXAM FOR THE FOLLOWING PROGRAMS

CODE	PROGRAM	EXAM TYPE	PROG FREQ
124	CADMIUM (CURRENT EXPOSURE)	BASELINE	Mth
133	CHROMIC ACID/CHROMIUM (VI)	BASELINE	Mth
196	ISOCYANATES	BASELINE	Mth
603	MIXED SOLVENTS	BASELINE	12 Mth
716	RESPIRATOR USER CERTIFICATION EXAM	BASELINE	Mth

Employee Occupation:

Agency: Code:

Currnet primary work location (Bldg./Room):

Work supervisor: Duty tel. #:

MEDICAL HISTORY:

PERSONAL HISTORY OF:

is your work exposure history current (opnav 5100/15)	Y	N
Major illness or injury	Y	N
hospitalization or surgery	Y	N
cancer	Y	N
back injury	Y	N
do you drink 6 or more drinks per week (beer,wine,liquor)	Y	N
have you ever smoked	Y	N
do you currently smoke (packs /day)	Y	N
how many years have or did you smoke		
greatest number of packs per day smoked		
FORMER SMOKERS - TIME SINCE QUITTING: YEARS		
average packs per day smoked		
heart disease, high blood pressure, or stroke	Y	N
current medication use (prescription or otc)	Y	N
medication allergies	Y	N
any reproductive health concerns	Y	N
abnormal pregnancy outcome during present employment	Y	N
blood diseases (anemia)	Y	N
allergies, asthma, hay fever, eczema (atopy)	Y	N
skin disease	Y	N
recurrent skin rash	Y	N
hepatitis or jaundice	Y	N
lung/resp disease(copd,bronchitis,emphysema,asthma,pneumonitis)	y	n
asbestosis, emphysema, silicosis	Y	N
broken ribs, pneumothorax or other chest injuries/illnesses/surgeries	Y	N
wheezing	Y	N
or wheezing that interfers with job	Y	N
tuberculosis	Y	N
treatment with steroids or chemotherapy (cytotoxic) drugs	Y	N
headache, dizziness, light-headedness, weakness	Y	N
heartburn or indigestion (not related to eating)	Y	N
use of eye glasses	Y	N
change or loss of vision	Y	N
contact lens use	Y	N

RECORDS MAINTAINED AT:		
PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN OR IDENTIFICATION NO.	DATE OF BIRTH

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	loss of vision in either eye	Y N
	color blindness	Y N
	eye irritation	Y N
	eye injury	Y N
	any other eye or vision problem	Y N
	perforation of nasal septum	Y N
	inability to smell	Y N
	any injury to your ears	Y N
	ruptured ear drum	Y N
	loss or change in hearing	Y N
	a need to wear a hearing aid	Y N
	any other hearing or ear problem	Y N
	heart arrythmias (irregular beats)	Y N
	chest pain,angina,heart attack,palpitations,heart failure	Y N
	repeated episodes of loss or near loss of consciousness	Y N
	(while working or upon exertion)	Y N
	swelling in legs or feet (not caused by walking)	Y N
	cardiovascular or circulatory condition or disease	Y N
	coughing up blood (hemoptysis)	Y N
	difficulty climbing stairs while carrying > 25 lbs	Y N
	shortness of breath	Y N
	(while working, dressing, or performing your job)	Y N
	cough (dry or productive)	Y N
	thick phlegm, spotted with blood, awakes you early in	
	morning, occurs while lying down	Y N
	liver disease	Y N
	diabetes	Y
	injury with heavy bleeding in last year	Y N
	thyroid disease	Y N
	blood in stool	Y N
	seizures or fits	Y N
	kidney disease	Y N
	kidney stones	Y N
	problems with urination/blood in urine	Y N
	prostate gland problems	
	protein in urine	Y N
	current pregnancy (self or spouse)	Y N
	current pregnancy (females only)	Y N
	impotence or sexual dysfunction	Y N
	epilepsy (seizure disorder)	Y N
	problems with balance & coordination	Y N
	problems with numbness,tingling,weakness in hands or feet	Y N
	unexplained fatigue	Y N
	diabetes or other endocrine gland disorder	Y N
	mental/emotional illness	Y N
	depression, difficulty concentrating, excessive anxiety	Y N
	personality change	Y N
	claustrophobia	Y N

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	bone problems (broken bones)	Y N
	back pain	Y N
	difficulty/pain bending forward/backward at waist	Y N
	muscle or joint problems	Y N
	any other muscle or skeletal problem thay may interfere with using a respirator	Y N
	musculoskeletal problems	Y N
	difficulty bending at knees (or squatting)	Y N
	WORK HISTORY OF:	
	prior respirator use	Y N
	if yes, any problems that interfered with use	Y N
	exposure to dusts (coal, blast. grit, sand, nuisance)	Y N
	exposure to chromium or chromic acid	Y N
	eye injury	Y N
	exposure to skin irritants	Y N
	exposure to respiratory irritants	Y N
	exposure to carcinogens	Y N
	exposure to isocyanate foam or paint	Y N
	sensitization to isocyanates (tdi, mdi)	Y N
	exposure to solvents (mek, perc, tce, toluene...)	Y N
	exposure to cadmium	Y N
	FAMILY HISTORY OF:	
	cancers (leukemia, tumors)	Y N
	COMMENTS ON MEDICAL HISTORY:	
	laboratory-	
	HEMATOLOGY:	
	complete blood count (hgb, hct, wbc, mcv, mch, mchc)	
	differential white blood cell count	
	SERUM CHEMISTRY:	
	LIVER PROFILE TO INCLUDE:	
	ast , alt, total bilirubin, alkaline phosphatate	
	bun and creatinine	
	cadmium in blood	
	LIVER PROFILE TO INCLUDE:	
	ast , alt, total bilirubin, alkaline phosphatate	
	URINALYSIS:	
	ROUTINE:	
	urinalysis with microscopic	
	urinalysis without microscopic	
	URINE CHEMISTRY:	
	urine creatinine	
	cadmium in urine (cdu)	
	beta-2-microglobulin (b2m) in urine	
	radiology-	

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	chest x-ray (pa)
	spirometry-
	spirometry (fvc, fev1, fev1/fvc)
	other tests deemed appropriate by the physician
	COMMENTS ON LABORATORY RESULTS:
	PHYSICAL EXAMINATION:
	VITAL SIGNS HT(IN): WT(LBS): BP: P:
	height
	weight
	SPECIAL ATTENTION IN EXAMINATION TO:
	central nervous system nl abn ne
	peripheral nervous system (strength, sensation, dtr) nl abn ne
	cardiovascular system nl abn ne
	eyes nl abn ne
	eyes nl abn ne
	kidney nl abn ne
	liver nl abn ne
	mucous membranes nl abn ne
	nasal mucosa (septal perforation) nl abn ne
	respiratory system nl abn ne
	ears (tympanic membranes) nl abn ne
	skin (rash, erosion, ulcer, pigment, eczema, etc) nl abn ne
	prostate palpation or other at-least-as-effective
	diagnostic test(s) for males over 40 years old
	other appropriate examination (specify)
	COMMENTS ON PHYSICAL EXAMINATION:
	QUALIFICATIONS:
	SPECIAL NOTATIONS:
	substance(s) suspected human carcinogen
	physician's written opinion required
	is surveillance/ppe consistent with exposures listed below Y N
	appendix 15-a reviewed and signed by provider Y N
	ASSESSMENT:
	are any abnormalities related to exp/occupations listed below Y N
	Occupational Physical Examination (mark 'X' whether Qualified or
	Not Qualified for further exposure, Pending for awaiting results
	or Incomplete for another visit required)
	CODE PROGRAM | PEND | INCOM | QUAL | NOT QUAL |

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	133 CHROMIC ACID/CHROMIUM (VI)
	196 ISOCYANATES
	603 MIXED SOLVENTS
	716 RESPIRATOR USER CERTIFICATION EXA
	RECOMMENDATIONS: (INCLUDE REASON FOR NOT QUALIFIED AND RESTRICTIONS)
	PROVIDER SIGNATURE AND STAMP

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